

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		11/09/94
O.I.P.E. CLASSIFIER			5 11/16/94
FORMALITY REVIEW	Y.M	7162P	11-18-SP

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	11/29/03
2	✓
3	✓
4	✓
5	✓
6	0
7	0 ✓
8	0 ✓
9	✓ ✓
10	0 ✓
11	✓ ✓
12	✓ ✓
13	✓ ✓
14	✓ ✓
15	✓ ✓
16	0
17	✓ ✓
18	0 ✓
19	0 ✓
20	0 ✓
21	✓ ✓
22	✓ ✓
23	✓ ✓
24	✓ ✓
25	✓ ✓
26	✓ ✓
27	✓ ✓
28	0
29	0 ✓
30	0 ✓
31	✓ ✓
32	✓ ✓
33	✓ ✓
34	✓ ✓
35	✓ ✓
36	✓ ✓
37	✓ ✓
38	✓ ✓
39	✓ ✓
40	✓ ✓
41	✓ ✓
42	✓ ✓
43	✓ ✓
44	✓ ✓
45	✓ ✓
46	✓ ✓
47	✓ ✓
48	✓ ✓
49	✓ ✓
50	✓ ✓

Claim	Date
Final	
Original	
51	3/6/04
52	
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Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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